

**Hawai'i Civil Rights Commission
Public Accommodations
Pre Complaint Questionnaire Information**

Submitting a Pre-Complaint Questionnaire is the first step in filing a discrimination complaint with the Hawai'i Civil Rights Commission (HCRC). After reviewing your Pre-Complaint Questionnaire, we will contact you for an intake interview and, where appropriate, provide assistance in filing a formal complaint.

The information you provide in the Pre-Complaint Questionnaire will be used to investigate your discrimination complaint. All information provided to us during an investigation is confidential and will not be disclosed EXCEPT:

- 1) where a court orders the disclosure;
- 2) where a notice of right to sue is issued and you choose to proceed to court; or
- 3) where there is an express statement or implied threat to commit a crime of violence.

All complaints must be filed with the HCRC within 180 days of:

- 1) the alleged discriminatory practice, or
- 2) the date of the most recent occurrence in a pattern of ongoing discrimination.

The HCRC does not have jurisdiction over complaints filed after the expiration of 180 days.

Under Hawai'i law, you may not file an action in state court alleging discrimination unless a complaint is first filed with the HCRC and we issue a notice of right to sue. You may request a right to sue letter at any time after filing a complaint. A right to sue letter allows you to file a discrimination complaint in state court without further HCRC involvement.

You must contact the HCRC if you move, or change your address or telephone number. If we are unable to contact you, your case may be closed.

Please contact the HCRC if you would like help with the Pre-Complaint Questionnaire
or if you require an accommodation. If English is not your first language,
the HCRC will provide an interpreter at no cost to you.

If you live on Oahu call the HCRC by dialing:
586-8636 (Voice) or 586-8692 (TDD)

If you live on a Neighbor Island call the HCRC toll-free by dialing:

Kaua'i - 274-3141, ext 6-8636#
Maui - 984-2400, ext 6-8636#
Hawai'i - 974-4000, ext. 6-8636#
Lana'i & Moloka'i - 1-800-468-4644, ext. 6-8636#

Website: <http://hawaii.gov/labor/herc>

P**Hawai'i Civil Rights Commission
Pre-Complaint Questionnaire - Public Accommodation**

830 Punchbowl St., Rm. 411; Honolulu, HI 96813 TEL: 586-8636 FAX: 586-8655 TDD: 586-8692

Directions: Please fill out this questionnaire completely. The information will be used to determine if we have jurisdiction to investigate your discrimination complaint, and to draft the charge of discrimination. You may be contacted for either a telephone or in-office interview. Please print clearly. Submit documents that support your allegation of discrimination.

Date: _____

1. Information about you:Name: _____
Last First Middle Initial(s)Address: _____
Number/Street City Zip Code

Telephone: Home: _____ Work: _____

Cell Phone: _____ Email: _____

*Race/Ethnicity: _____ *Sex: _____

*Age & Date of Birth: _____

Name/Telephone/Address of a person to contact if we can't reach you:

Name Relationship Address Phone**2. Business that discriminated against you:**

Name: _____

Address: _____
Number/Street City Zip Code

Island: ___O`ahu ___Kaua`i ___Maui ___Hawai`i ___Moloka`i ___Lana`i

Telephone: _____

3. I was discriminated against because of my:

(Check the protected basis)

☐ Race
☐ Color
☐ Ancestry
☐ Religion

☐ Sex (male female pregnant)
☐ Sexual Orientation
☐ Retaliation (opposed discrimination)
☐ Disability (physical mental)
What is the disability: _____

4. I was discriminated against by being:

(Check the adverse action)

☐ Denied Goods
☐ Denied Services
☐ Denied Accommodations

☐ Denied Privileges
☐ Denied Advantages
☐ Denied Facilities
☐ Other (specify): _____

5. Date of the last discriminatory denial: _____

(Must be within the past 180 days)

6. Name(s) and job title of the person who discriminated against you:

7. What reason was given to you for the denial:

8. How did you learn about the Civil Rights Commission:

Directions: Please provide a summary of the discriminatory adverse actions with the names of those who discriminated against you. Start with the earliest date and end with the last date. Use separate sheets of paper as necessary. On the next page, include the name/telephone/address of witnesses who have evidence of the discrimination.

[illegible]

[illegible]